

Request For Laboratory Services

(For use of this form, see USACHPPM TG 214; the proponent is MCHB-TS-LID)

FOR DLS USE ONLY

LIMS Workorder#: _____

Date Received: _____

Date Accepted: _____

Processor's Initials/Date: _____

SECTION A: PROJECT INFORMATION

1. Request submitted by:
Title First Name Last name

2. Send a copy of this request to E-mail Address:

3. Program Number, CHPPM ONLY : 4. JONO: 5. SUBJONO:

Project Officer Information

6. Project Officer Name:
Title First Name Last name

7. Voice Phone Number:

8. Voice DSN:

9. Cell Phone:

10. Fax Number:

11. E-mail Address:

12. Field Contact Person:
Title First Name Last name

13. Field Phone:

14. Was Project Coordinated w/DLS?Y (Yes) or N (No):

15. DLS Technical Consultant:
Title First Name Last name

16. Standard Fund Source: 17. Special Fund Source:

18. Date range that samples are expected to arrive at DLS (mm/dd/yyyy) : To

19. Project Name:

20. Project Installation:

21. Installation State: 22. Installation Country:

23. Project Associations: ☐ a. Regulatory ☐ b. QAPP

☐ c. Other Special Conditions:

24. Project Description / Objective:

25. Will samples contain residual chlorine? ☐ All ☐ None

☐ Some Explain:

26. Sample or Site History (High toxicity, etc.):

SECTION B: PROJECT COORDINATION INFORMATION

27. Are sampling kits/ supplies needed? ☐ No, ☐ Yes

28. Date the kit/supplies are requested by:

29. Kit handling preference: ☐ Pick-Up ☐ Ship

Shipping Address Information

30. Name:

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Title First Name Last name

31. Company:

32. Street:

33. City:

34. State:

35. Zip Code + 4:

36. Country:

37. Voice Phone Number:

38. Number of coolers requested:

39. Expected Number of Shipments:

Special Handling Requirements

40. ☐ Chain-Of-Custody

41. ☐ Safety Considerations Specify:

42. ☐ Analyses with short holding times

List specific analyses:

43. Other Special Handling Requirements:

SECTION C: REPORT DELIVERY OPTIONS

44. Desired methods for delivery for results. Check all that apply:

☐ Hardcopy (required) ☐ Email ☐ FAX

45. Desired electronic format (if applicable):

☐ Electronic Report (pdf) ☐ Excel file (xls) ☐ Access file (mdb)

46. Name:

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47. Company:

48. Street:

49. City:

55. E-mail Address: